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ABSTRACT

Investigated were the attitudes of 430 adults toward mentally retarded children. In addition to providing information on demographic characteristics, definition of retardation and degree of contact with retarded people, the Ss rated 48 attitudinal statements pertaining to retarded children. Factor analysis of questionnaire responses revealed four underlying attitude factors: positive stereotype, segregation in the community, segregation in the classroom, and perceived physical and intellectual handicap. Older Ss, parents of school aged children, and Ss with no previous contact with a retarded person tended to favor segregation of retarded children in the community. Results suggested that attitudes of these groups must be addressed if the retarded are to be successfully integrated into society. (Author/CL)

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PUBLIC ATTITUDES TOWARD MENTALLY RETARDED CHILDREN

Abstract

The recent trend toward integrating mentally retarded children in the community and public school warrants examination of public attitudes toward these children. Factor analysis of questionnaire responses of 430 adults revealed four factors underlying attitudes toward retarded children: Positive Stereotype, Segregation in the Community, Segregation in the Classroom, and Perceived Physical and Intellectual Handicap. Older respondents, parents of school-aged children, and people with no previous contact with a retarded person tended to favor segregation of retarded children in the community. Results of this study suggest that attitudes of these groups must be addressed if the retarded are to be successfully integrated into society.

PUBLIC ATTITUDES TOWARD MENTALLY RETARDED CHILDREN*

The recent movement toward societal integration of mentally retarded persons offers a new source of hope for these people. The hope stems from the belief that the mentally retarded will be freed from the dehumanizing conditions which often exist in institutions and instead will be afforded the normalizing experiences of community living. This hope, however, must be tempered by the threat inherent in the deinstitutionalization movement that retarded persons will not be accepted by the community into which they are placed, that public and political pressures will force their retreat back to institutional living, and that the institutional concept will consequently become more firmly entrenched than it ever was in the past. Difficulties encountered in the movement to place mentally ill people into community facilities in New York (New York Times, April 28, 1974) suggest that a community-based deinstitutionalization program cannot succeed without public acceptance.

One aspect of the overall movement toward integration of the mentally retarded into the mainstream of society is the recent thrust toward reintegration of special class children into regular grades. Motivated by court suits, legislative mandates, the failure of research to demonstrate the superiority of special classes, and the purported negative effects of labeling children as mentally

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retarded, many school systems are abolishing their segregated, special classes and reintegrating their mentally retarded students into regular classes. Attitudes of the community, especially local parent groups, are likely to influence the extent to which the mainstreaming movement in education is successful, particularly in areas where there is community control of public schools. To the extent that communities oppose the integration of handicapped children into regular classes, the mainstreaming effort can be delayed or even prevented. Despite the influence of the community in determining the success of the integration movement, little information is available regarding public attitudes toward school integration.

Previous studies which have attempted to assess public attitudes toward the retarded, as well as demographic characteristics related to these attitudes, have produced inconsistent results (Gottwald, 1970; Greenbaum & Wang, 1965; Hollinger & Jones, 1970). A methodological limitation of most studies stems from their use of scales that elicit attitudes along the single dimension of the favorability-unfavorability continuum (e.g., Greenbaum & Wang, 1965). Scores on this continuum can, at best, provide only a gross indication of attitudes. If one is to understand the complexities of public attitudes, especially as they relate to community acceptance, a more comprehensive analysis of attitudes is required. One such analysis was undertaken by Efron and Efron (1967), who identified six factors underlying attitudes of educators toward the mentally retarded. A factor identified as Segregation via Institutionalization was found to account for the greatest amount of common variance among the six factors. This factor reflected the belief that mentally retarded

people are dangerous to society, have a hopeless prognosis, and require segregated facilities for their care.

Identification of factors comprising public attitudes toward mentally retarded children provides information on the nature of attitudes which are likely to be exhibited toward these children upon their integration into the community. Identification of characteristics of people who posit these attitudes tells us which groups are likely to differ on certain views. In this study the investigators explored dimensions underlying attitudes expressed by adults toward mentally retarded children and differences in attitudinal dimensions by sex, age, education, and contact with a retarded person. In addition, the investigators were particularly interested in attitudes of parents of school-aged children toward the mainstreaming movement. In contrast to the population of community residents at large, parents of school children are apt to be most concerned and affected by the presence of retarded pupils in their children's classes. Another aim of this study, therefore, was to compare attitudes of parents and nonparents toward retarded children.

Method

Subjects

Questionnaires were administered to 430 adults, most of whom resided in the greater Boston area. Subjects were acquaintances and relatives of 19 students in introductory courses in mental retardation, as well as the students themselves. Approximately half the sample of 183 males and 247 females were 20 to 30, one third were between 30 and 50, and 18 percent were over 50 years of age. Respondents were fairly evenly divided with respect to education; 37% had not completed

high school, 31% were high school graduates, and 32% were college graduates. Fifty-eight percent were married and 53% had one or more children in school.

Procedure

In addition to answering questions on demographic characteristics, definition of mental retardation, and degree of contact with retarded people, each respondent rated 48 attitudinal statements pertaining to retarded children. This section of the questionnaire included 16 semantic differential items and 17 attitudinal ratings which were adapted from questions used by Gottwald (1970). The remaining 15 items pertained to attitudes toward mentally retarded children in school (Joyce, 1973).

The 16 semantic differential pairs of positive and negative attributes were rated on a 7-point scale, with the positive attribute scored high. Twenty-five of the attitudinal statements were presented in a 5-point Likert format requiring ratings from strongly disagree (1) to strongly agree (5). The other seven attitudinal statements asked the respondent what proportion of retarded children he believed were characterized by each statement; for example, "What proportion of retarded children look different from other children?" Options for these items were "none," "few," "some," "most," and "almost all" and were scored on a 5-point scale with "almost all" scored high.

Statistical Analysis

Frequency distributions in percentages were obtained for every questionnaire item. In reporting percentages for Likert items, the authors have combined "agree" with "strongly agree" and "disagree" with "strongly disagree" responses.

To uncover attitudinal dimensions, responses to the 48 questionnaire items were factor analyzed. At a .30 cutoff, loadings of the varimax rotation based on a principal components solution were found to satisfy the criteria of simple structure. A Scree test (Cattell, 1966) confirmed the presence of four factors. Factor scores, standardized with a mean of zero and standard deviation of one, were computed from this orthogonal rotation and were employed as dependent measures in 4-way analyses of variance, with Sex, Age, Education, and Contact as independent variables. In addition, t-tests were performed on each of the four factor scores to determine differences between parents of school-aged children and respondents without school-aged children.

Results

Attitudes expressed by this sample toward retarded children must be considered in light of the definitions which these respondents attach to mental retardation. The first question on the questionnaire was open-ended and asked each respondent to describe "what the phrase 'mentally retarded child' means to you." Percentages of categorized responses indicated that 86.3% of the 336 people who answered this question described the mentally retarded child as a slow learner. Of these, only 13.4% characterized the mentally retarded child as one who exhibits some form of maladaptive behavior. 31.8% of respondents mentioned brain damage, with or without mentioning slow learning rate. Agreement between two raters on these response categories exceeded 90%.

Eighty-eight percent of the sample reported that they had once known a person whom they thought was mentally retarded. The majority

of those who reported contact with a retarded person stated that the retarded person they had known was a neighbor or family friend rather than a relative, and that they had not known the person from school.

A large majority of respondents expressed accepting attitudes toward retarded children; e.g., 88% agreed that "a parent should allow his normal child to play with a mentally retarded child," and 79% agreed that "labeling the 'mentally retarded' child encourages isolation from his or her 'normal' peers." This apparent acceptance of retarded children, however, was not accompanied by an equally strong acceptance of integrated educational placement for these children; e.g., only 33% disagreed that the special class is the best way of educating the mentally retarded child," 34% agreed, and 33% were undecided on this item. Furthermore, only 37% agreed that "mentally retarded children would learn more if they were integrated into regular classes," while 29% disagreed, and 34% were undecided.

Table 1 presents the questionnaire items with high loadings on the four factors obtained: I Positive Stereotype, II Segregation in the Community, III Segregation in the Classroom, and IV Perceived Physical and Intellectual Handicap. People with high scores on Factor I (Positive Stereotype) tended to ascribe positive attributes to retarded children in the areas of appearance, health, and morality. Respondents scoring high on Factor II (Segregation in the Community) tended to agree with the statements that a parent should not allow his normal child to play with a retarded child, that a retarded child in their neighborhood would lower the value of their property,

and that a large proportion of retarded children should be placed in institutions rather than educated in public schools. A high score on Factor III (Segregation in the Classroom) reflected the belief that the special class is the best way to educate retarded children and that a retarded child in a regular class would impede the educational progress of his normal peers. People with high scores on Factor IV (Perceived Physical and Intellectual Handicap) tended to believe that retarded children look different, are inferior, and will never be able to function on the level of their normal peers.

Insert Table 1 about here

Analyses of variance on the uncorrelated factor scores determined differences on each of the four attitudinal dimensions due to Sex, Age (3 levels: 20 to 30, 31 to 50, over 50), Education (3 levels: less than 12th grade, high school graduate, college graduate), and Contact (never knew a retarded person versus had known a retarded person). A significant Sex X Education interaction on Factor I indicated that female high school and college graduates had a more positive stereotype of mentally retarded children than males with similar education ($F = 4.29$, 2/392 df, $p < .05$). There was no difference on this factor between males and females who had not graduated from high school; on the whole, respondents of both sexes in this educational category rejected the stereotype, as indicated by negative mean factor scores.

Age was found to be a significant effect on Factors I, II, and III and was the only significant effect on Factor III (Segregation in the Classroom). Younger people, regardless of sex or education, were

TABLE 1

Factor Loadings above .30 on Varimax Rotation

Item	Scale[a]	Factor[b] I	II	III	IV
A mentally retarded child is safe	SD	76			
A mentally retarded child is moral	SD	75			
A mentally retarded child is honest	SD	70			
A mentally retarded child is kind	SD	68			
A mentally retarded child is clean	SD	67			
A mentally retarded child is happy	SD	67			
A mentally retarded child is beautiful	SD	61			
A mentally retarded child is useful	SD	53			
A mentally retarded child is sane	SD	51			
A mentally retarded child is neat	SD	43		-43	
A mentally retarded child is healthy	SD	43			
A mentally retarded child is strong	SD	38			
A parent should allow his normal child to play with a mentally retarded child	L		-76		
Mentally retarded children have a right to public education	L		-69		
I would not want my child to attend a school that also had a class for mentally retarded children	L		68		
A mentally retarded child should not expect to participate in teenage activities available in the community	L		64		
A mentally retarded child living in my neighborhood would tend to lower the value of my property	L		63		
Mentally retarded children never know they're different from other children	L		59		

TABLE 1 (continued)

Item	Scale[a]	Factor[b] I	II	III	IV
Programs for mentally retarded children are too expensive in relation to what the mentally retarded child gains from them	L		53		
Most parents of a mentally retarded child can have other, normal children	L		-47		
Mentally retarded children should be cared for at home	R		-41		
Self-contained special classes are justified for some mentally retarded children	L		-39		30
Mentally retarded children should be placed in institutions	R		38		
The special class is the best way of educating the mentally retarded child	L			77	
Mentally retarded children would learn more if they were integrated into regular classes	L			-73	
Normal children also benefit when mentally retarded children are integrated into regular classes	L			-70	
The mentally retarded child will feel inadequate in the normal classroom	L			65	
The presence of a mentally retarded child in a regular class impedes the educational progress of the child's "normal" peers	L			65	
Integration of the mentally retarded child into regular classes will improve the child's acceptance by his or her "normal" peers	L			-64	

TABLE 1 (continued)

Item	Scale[a]	Factor[b] I	II	III	IV
Mentally retarded children should not attend public schools with normal children but should go to special schools where normal children do not attend	L		43	60	
Integrating mentally retarded children into regular classes would probably contribute to negative behavior patterns on the part of the "normal" children	L			51	
Mentally retarded children are more likely to be discipline problems in regular classes than in special classes	L			50	
The transfer of mentally retarded children to regular classes creates no major problems other than the need for resource teachers	L			-38	
Labeling the "mentally retarded" child encourages isolation from his or her "normal" peers	L			-35	
Mentally retarded children look different from other children	R				54
A mentally retarded child is educated	SD	43			-47
A mentally retarded child is superior	SD				-40
You can usually tell a mentally retarded child (by his appearance/by how he looks)	L		38		40
Mentally retarded children may reach their potential but will never be able to function on the level of their "normal" age or grade peers	L			34	39
Mentally retarded children can learn to live normal lives	R		-36		-38

TABLE 1 (continued)

Item	Scale[a]	Factor[b] I	II	III	IV
It is more important for mentally retarded children to learn the social skills than academic skills	L				37
Percent total variance		10.6	9.9	9.6	5.2

[a]SD = semantic differential scale scored from 1 = negative attribute to 7 = positive attribute; L = Likert scale scored from 1 = strongly disagree to 5 = strongly agree; R = rating scale scored from 1 = none to 5 = almost all.

[b]I = Positive Stereotype, II = Segregation in the Community, III = Segregation in the Classroom, IV = Perceived Physical and Intellectual Handicap. Decimal points have been omitted from factor loadings.

less likely than older respondents to accept the positive stereotype (Factor I: $F = 4.29$, 2/392 df, $p < .05$). Older respondents were more likely to favor segregating the mentally retarded child in both the community (Factor II: $F = 20.43$, 2/392 df, $p < .001$) and the classroom (Factor III: $F = 6.21$, 2/392 df, $p < .01$). It is noteworthy that younger people tended to reject the generalized positive stereotype, while at the same time they opposed segregation of retarded children in and outside of school. Mean factor scores of the three age groups indicated a linear trend on Factors I, II, and III. Negative means of the 20 to 30 year old group on all three factors suggested that people in this age group, in particular, rejected both the positive stereotype and segregation.

Although only 50 respondents reported that they had never known a mentally retarded person, the effect of Contact was found to be significant on Factor II (Segregation in the Community). People who had had no contact with a retarded person were more likely to favor segregation ($F = 9.63$, 1/392 df, $p < .01$), especially if they were high school graduates ($F = 3.05$, 2/392 df, $p < .05$). A significant Sex X Contact X Education interaction on Factor II revealed a difference between male and female college graduates: male college graduates who had had no contact with a retarded person were more likely to favor segregation of mentally retarded children in the community than were female college graduates with no previous contact ($F = 4.92$, 2/392 df, $p < .01$). Cell sizes in this three-way interaction, however, were small, since a large majority of the sample reported having known a retarded person.

The only significant effect on Factor IV (Perceived Physical and

Intellectual Handicap) was Education (F = 3.53, 2/392 df, p <.05), with college graduates and people who had not completed high school scoring higher than high school graduates on this factor. Thus, high school graduates were not as likely as people with either greater or less education to view retarded children as "different."

T-tests on factor scores compared attitudes of the 227 parents of school-aged children with those of 201 respondents who did not have school-aged children. Significant differences were obtained on Factors II and III: parents of school-aged children were more apt to favor segregation of retarded children in both the community (t = 4.95, df = 426, p <.001) and the classroom (t = 1.99, df = 426, p < .05).

Discussion

Factor analysis of questionnaire responses of 430 adults revealed four factors underlying attitudes toward mentally retarded children which were assessed in this study: I Positive Stereotype, II Segregation in the Community, III Segregation in the Classroom, and IV Perceived Physical and Intellectual Handicap. The finding that attitudes toward segregation of mentally retarded children in the community comprised a separate factor from attitudes toward segregation in the classroom indicates that respondents who favored or opposed community segregation did not necessarily hold a similar view toward school segregation.

Percentages of responses to every item which loaded highly on Factor II (Segregation in the Community) consistently indicated that a majority of the sample favored community integration. The pattern of responses to items with high loadings on Factor III (Segregation

in the Classroom) was noticeably less consistent. Specifically, while most respondents believed that inclusion of retarded children in regular classrooms would not harm normal children, fewer believed that school integration would benefit retarded children. For example, the majority of respondents felt that the presence of a mentally retarded child in a regular class would not impede the educational progress of normal children (55%) nor contribute to negative behavior patterns of these children (65%); however, only 37% believed that mentally retarded children would learn more in a regular class. These responses are consistent with the definitions this sample gave for mental retardation; few respondents characterized retarded children as maladaptive, while 86% described them as slow learners.

Factor IV (Perceived Physical and Intellectual Handicap) represents the limited prognosis that a segment of the public holds for mentally retarded children, based in part on the view that retarded people are inferior and look different. Gottwald (1970) reported that 38% of his sample of 1515 adults thought that "most" or "almost all" retarded people look different. In this study, 21% of respondents stated that most or almost all mentally retarded children look different from other children. This difference in findings may be partially attributed to the fact that the percentage of the present sample who said they had actually known a retarded person (88%) was somewhat higher than in Gottwald's (1970) sample (77%).

Factor I (Positive Stereotype), which includes items describing mentally retarded children as moral, honest, and kind, may reflect a "be kind to the handicapped" orientation; i.e., the belief that it is inappropriate to express negative feelings toward mentally retarded

children. The composition of this factor might also be explained by the fact that all items with high loadings employed the semantic differential format. In either case, expressed ratings of these children as "all things good" provide little information as to how respondents with high scores on this factor actually feel about retarded people.

Results of analyses of variance on factor scores revealed certain characteristics of adults which are associated with attitudes toward retarded children. Younger respondents, especially those between 20 and 30 were found to express more positive attitudes than older respondents toward integration of retarded children in school and in the community. Similar findings have been reported by Hollinger and Jones (1970), who used social distance scales to measure attitudes, and by Gottwald (1970), who employed a variety of assessment techniques. In light of these findings, it would at first appear paradoxical that younger people in this sample tended to reject the general positive stereotype of mentally retarded children (Factor I), as indicated by their ratings on the semantic differential items which comprised this factor. Greenbaum and Wang (1965), who used only semantic differential items to measure attitudes, reported that younger people expressed a generally less favorable attitude than older people toward the retarded. These results suggest that the semantic differential technique may yield patterns of attitudes toward mentally retarded people which differ from those obtained with other types of instruments. Alternatively, young people may have a more realistic perception of the attributes of retarded children, while maintaining the belief that these children should not be isolated from their peers

in the neighborhood or school.

Findings pertaining to the factor of Sex suggest that the commonly held notion that women hold more favorable attitudes than men toward the retarded (Harasymiw, 1971) may be oversimplified. Men and women in this sample did not differ in their attitudes toward integration of retarded children in the classroom, nor in their perception of the retarded as handicapped. Significant interactions involving Sex were found on Factors I and II: female high school and college graduates had a more positive stereotype (Factor I) than males with similar education, but men and women with less education were equally likely to reject this stereotype. Among respondents who had had no contact with a retarded person, male college graduates were more likely than female college graduates to favor segregation of mentally retarded children in the community (Factor II). These results suggest that differences in attitudes between males and females cannot be considered without regard to educational level, and that differences by sex, reported in previous attitudinal studies which have not examined the sex-education interaction (e.g., Greenbaum & Wang, 1965), cannot be generalized to a population differing in educational background.

Similarly, previous contact with a retarded person was found to differentially affect attitudes toward community segregation among people who differed in educational background. The significant Contact X Education interaction on Factor II suggested that contact with a retarded person has the most influence on attitudes toward community segregation among better educated groups. High school and college graduates who had known a retarded person opposed segregation, while respondents of similar educational background with no previous

contact tended to favor segregation, particularly if they were high school graduates. On the other hand, people who had not graduated from high school favored segregation regardless of whether they had known a retarded person, although those with no previous contact did express stronger views.

The effect of Contact and interactions involving Contact were not significantly related to attitudes toward school integration or to either of the two remaining attitudinal dimensions. That the effect of Contact was significant on Factor II (Segregation in the Community) but not on Factor III (Segregation in the Classroom) may reflect the fact that the majority of respondents who had known a retarded person stated that the person had lived in their neighborhood or was a family friend (54%). Relatively few (24%) indicated that they had known a retarded person in school.

Other aspects of the contact variable which might influence attitudes were not directly assessed in this study, namely the extent and nature of the contact with a retarded person. Vurdelja-Maglajlic and Jordan (1974) have recently indicated that enjoyment of the contact, but not the extent of contact per se, is related to favorable attitudes toward retarded persons. In an attempt to examine the relationship between extent of contact and attitudes, the present investigators correlated scores on the four factors with a hierarchical ordering of intimacy of contact (from member of immediate family to casual acquaintance). No significant relationships were found, confirming Vurdelja-Maglajlic and Jordan's (1974) finding regarding extent of contact. Two limitations of contact data yielded by self-report instruments used in this and other studies are that (a) it is

uncertain whether the person whom the respondent believed to be mentally retarded was actually retarded, and (b) the nature and quality of the contact remain largely unknown.

Analyses comparing attitudes of parents of school-aged children with those of respondents without school children revealed that parents were more apt to favor segregation of mentally retarded children in the community and in school. These findings are of special interest, since respondents who have children in school represent a group that is likely to be most intimately affected by the presence of retarded children in the neighborhood or in classes which their own children may attend. Attitudes of parents of school children did not differ from those of nonparents on Factors I or IV; the differences obtained on Factors II and III reflect beliefs in areas which are presumably of most immediate concern to parents. In view of the current thrust toward normalization of retarded children in general and public school mainstreaming in particular, people who are most immediately affected by this movement may be more threatened and less tolerant than people for whom this trend is of less consequence. Since parents are likely to influence mainstreaming efforts in a community, the feelings of this group must be addressed if the normalization movement is to succeed.

This study alerts us to the possibility that the recent thrust toward decertifying mentally retarded persons and placing them in the midst of the community and/or school may face some opposition as the laws become enforced and dominant groups become personally affected. During the last decade, many campaigns have attempted to render more favorable public attitudes toward mentally retarded persons. To the

investigators' knowledge, no study has evaluated the effectiveness of these public relations efforts. Without doubt, as the mentally retarded become a more visible segment of our society, emphasis on promoting positive attitudes, particularly acceptance in the community and the school, will become critical. It is best to begin now while integration is still in its infancy.

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